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Acute Hepatitis C (This form is recommended, not mandatory)

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: ( ) - Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ __ - ___ ___ - ___ ___ ___ ___

Only data from lower portion of form will be transmitted to CDC

State: _____ County: _____ Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

☐ Amer Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

ETHNICITY:

Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

SEX: Male ☐ Female ☐ Unk ☐ **PLACE OF BIRTH:** ☐USA ☐Other:_____

DATE OF BIRTH: M M / D D / Y Y Y Y **AGE:** ___ ___ **(years)** **(00= <1yr , 99= Unk)**

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply)

☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
if yes, onset date: M M / D D / Y Y Y Y			
Was the patient			
• Jaundiced?	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐
due date : M M / D D / Y Y Y Y			
Did the patient die from hepatitis?	☐	☐	☐
• Date of death: M M / D D / Y Y Y Y			

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
- anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Result _____ Upper limit normal_____
- AST [SGOT] Result _____ Upper limit normal_____
- Date of ALT result M M / D D / Y Y Y Y
- Date of AST result M M / D D / Y Y Y Y

	Yes	No	Unk
• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	☐	☐	☐

DIAGNOSIS: (Check all that apply)

☐ Acute hepatitis A
☐ Acute hepatitis B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

Local Health Department: This document is to be forwarded to us, State DHS Surveillance & Statistics Section(SSS), VIA your CD reporting clerk. ~SSS 1204

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NETSS ID NO. | | | | | | | | | | |

Patient History- Acute Hepatitis C

STATE CASE NO. _____

During the **2 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?

	Yes	No	Unk
If yes, type of contact			
• Sexual	☐	☐	☐
• Household [Non-sexual]	☐	☐	☐
• Other: _____	☐	☐	☐

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many

	0	1	2-5	>5	Unk
• male sex partners did the patient have?	☐	☐	☐	☐	☐
• female sex partners did the patient have?	☐	☐	☐	☐	☐

	Yes	No	Unk
Was the patient ***EVER*** treated for a sexually transmitted disease?	☐	☐	☐

• If yes, in what year was the most recent treatment ? Y Y Y Y

During the **2 weeks- 6 months** prior to onset of symptoms

• inject drugs not prescribed by a doctor?	☐	☐	☐
• use street drugs but not inject?	☐	☐	☐

During the **2 weeks- 6 months** prior to onset of symptoms

Did the patient-	Yes	No	Unk
• undergo hemodialysis?	☐	☐	☐
• have an accidental stick or puncture with a needle or other object contaminated with blood?	☐	☐	☐
• receive blood or blood products [transfusion]	☐	☐	☐
• if yes, when? M M / D D / Y Y Y Y			
• receive any IV infusions and/or injections in the outpatient setting...	☐	☐	☐
• have other exposure to someone else's blood	☐	☐	☐

specify: _____

During the **2 weeks - 6 months** prior to onset of symptoms

• Was the patient employed in a medical or dental field involving direct contact with human blood ?	☐	☐	☐

If yes, frequency of direct blood contact?

Frequent (several times weekly) ☐ Infrequent ☐

• Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?	☐	☐	☐

If yes, frequency of direct blood contact?

Frequent (several times weekly) ☐ Infrequent ☐

• Did the patient receive a tattoo?	☐	☐	☐

where was the tattooing performed? (select all that apply)

☐ commercial parlor / shop ☐ correctional facility ☐ other _____

During the **2 weeks- 6 months** prior to onset of symptoms

• Did the patient have any part of their body pierced (other than ear)?

where was the piercing performed? (select all that apply)

☐ commercial parlor / shop ☐ correctional facility ☐ other _____

	Yes	No	Unk
• Did the patient have dental work or oral surgery?	☐	☐	☐
• Did the patient have surgery ? (other than oral surgery)	☐	☐	☐
• Was the patient- ***Check all that apply***			
• hospitalized ?	☐	☐	☐
• a resident of a long term care facility ?	☐	☐	☐
• incarcerated for longer than 24 hours ?	☐	☐	☐
if yes, what type of facility (check all that apply)			
prison	☐	☐	
jail	☐	☐	
juvenile facility	☐	☐	

During his/her lifetime, was the patient ***EVER***			
• incarcerated for longer than 6 months ?	☐	☐	☐

• If yes,

what year was the most recent incarceration ? __ __ __ __

for how long ? __ __ __ **mos**

Acute Hepatitis C Case Definition:

Clinical Case Definition

An acute illness with:

- Discrete onset of symptoms (such as nausea, vomiting, abdominal pain and diarrhea), **and**
- Jaundice or abnormal serum aminotransferase levels.

Laboratory Criteria for Diagnosis

- Serum alanine aminotranserase levels greater than 7 times the upper limit of normal, **and**
- IgM antibody to hepatitis A virus (IgM anti-HAV) negative, **and**
- IgM antibody to hepatitis B core antigen (IgM anti-HBc) negative, or if not done, hepatitis B surface antigen (HBsAg) negative, **and**

One of the following:

- Antibody to hepatitis C virus (anti-HCV) screening-test-positive verified by an additional more specific assay (e.g., recombinant immunoblot assay [RIBA] for anti-HCV or nucleic acid testing for hepatitis C virus [HCV] RNA), **or**
- Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay (e.g., ≥3.8 for the enzyme immunoassays).

Note for above: new testing platform chemiluminescence immunoassay (VITROS anti-HCV assay) data not available yet to calculate signal to cut-off ratio.

Case Classification

Confirmed: A case that meets the clinical case definition and is laboratory confirmed.

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